

**DECLARATION (37 CFR §1.63) FOR UTILITY OR
DESIGN PATENT APPLICATION
USING AN
APPLICATION DATA SHEET (37 C.F.R. § 1.76)**

☒ Declaration
Submitted
with Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e)) required)

Attorney Docket Number

UF-380

First Named Inventor

William R. Dolbier, Jr.

COMPLETE IF KNOWN

Application Number

Filing Date

October 31, 2003

Group Art Unit

Examiner Name

This declaration is directed to an application entitled: **OXIDATIVE FLUORINATION OF AROMATIC
DERIVATIVES BY COPPER (II) FLUORIDE AND SILVER (I) FLUORIDE**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

The attached application, or

Application No. _____, filed on _____
as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and may jeopardize the validity of the application or any patent issuing thereon.

Full Name(s) of Inventors

Inventor One: William R. Dolbier, Jr.

Citizen of: US

Signature:

Inventor Two: Buvaneswari Gopal

Citizen of: India

Signature:

Inventor Three:

Citizen of:

Signature:

Inventor Four:

Citizen of:

Signature:

☐ Additional inventors are being named on the additional form(s) attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Number	
Filing Dat	October 31, 2003
First Nam d Inv nt r	William R. Dolbier, Jr.
Title	Oxidative Fluorination of Aromatic Derivatives Copper (II) Fluoride and Silver (I) Fluoride
Group Art Unit	
Examiner Name	
Attorney Docket Number	UF-380

I hereby appoint:

☒ Practitioners at Customer Number
OR

☐ Practitioner(s) named below:

23557

Place Customer
Number Bar Code
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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all
business in the United States Patent and Trademark Office connected therewith.

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OR

Firm or <input type="checkbox"/> Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	William R. Dolbier, Jr.
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, VA 22313.

Please type a plus sign (+) inside this box → ☐

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<input type="checkbox"/> Firm or <input type="checkbox"/> Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

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SIGNATURE of Applicant or Assignee of Record

Name	Buveneswari Gopal
Signature	
Date	

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